KING ISLAND COUNCIL

PRIVATE WATER SUPPLIER – APPLICATION 2026/27

Information requested in this form is collected under authority of the *Public Health Act 1997* section 133 and 134. This information will be used by Council to evaluate your registration as a private water supplier. Please refer to the *Tasmanian Drinking Water Quality Guidelines 2015* and the *Guidance Note for Private Water Suppliers* to assist in the completion of this form. Should you not provide the requested information, Council will be unable to process your application.

APPLICANT DETAILS

Full Name of Applicant:		
Business Name:		
Trading Name:		
Business Address:		
Town:		**Postcode:**
Postal Address:		
Town:		**Postcode:**
email:		
Phone:	**Mobile:**	
Emergency Contact:	**Phone:**	

TYPE OF PRIVATE WATER SUPPLY

Please tick the relevant box(es) and provide details.

Commercial Purposes
Accommodation Place serving food
Accommodation place not serving food
Child care or private school camp
Recreational facility within Parks and Reserves

PRIVATE WATER SCHEME

Places Used for Health
Aged care facility
Health care centre
Hospital
Places used for Education
Schools
UTAS
Places used for Imprisonment/Detention
Imprisonment
Detention

WATER SUPPLY DETAILS

Please note that the information supplied will assist Council in determining appropriate conditions of registration that are legally enforceable under Section 136 of the *Public Health Act 1997*.

Water source:		
Storage arrangements and materials:		
Type of treatment in place:		
Do you have a service contract for maintenance of the equipment:	**Yes**	**No**
Maintenance and inspection of treatment devices:		
Type of water quality testing (frequency and parameters)		
Who undertakes the sampling and analysis of the water quality:		
Intended use of the water:		
Is it intended to supply the water for consumption without any restrictions/ warnings on its use:	**Yes**	**No**
What advice is issued to recipients on the safe use of the water?		

Estimated number of consumers:			
Is the water from another party:	**Yes**	**No**	**Details:**
If yes, what restrictions/warnings are given to you for its safe use:			

Additional information that may support your application could include:

1. A location plan
2. Treatment Details including manufacturers' specifications
3. Any certificate of analysis from previous water quality testing
4. Photographs of water storage, treatment and supply arrangements

DECLARATION AND SIGNATURE

I understand that to supply drinking water to customers as a Private Water Supplier, I will need to:

1. Comply with the requirements for Private Water Suppliers as detailed in the *Public Health Act* 1997
2. Comply with the requirements for Private Water Suppliers as detailed in the *Tasmanian Drinking Water Quality Guidelines* 2015
3. Comply with all conditions of approval against my registration, which will be subject to regular inspections by a Council Officer to determine compliance.
4. Apply for renewal of registration every 12 months.

Signature:	**Date:**	
Name print):	**Fee:**	$167

Please Lodge your completed application and any supporting information with the prescribed fee to the General Manager of King Island Council

Privacy Statement: Completion of this form may require the disclosure of personal information. The intended receipients of this infomration are officers of King Island Council and the Department of Health and Human Services in order to advance the purposes of this form and carry out business required by the *Public Health Act 1197*. The *Personal Information Protection Act* 2004 and Council's Provacy policy regulate the use of this infomration, which will not be discolsed to any other party, except with your permission of if required or authorised by law. You may make application to access or amend personal infomration held by Council by contacting Customer Services on 03 6462 9000.

OFFICE USE ONLY

Receipt number: ……Date of receipt: …….